JUL 2 9 2005 W

ATTORNEY DOCKET NO.: M1103.70233US00

(formerly 224112)

CLIENT REFERENCE NO.: 305518.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Siamak Poursabahian, Vivek Bhanu, Edwin A. Hernandez-Mondragon, Arun

Ayyagari, John W. Archer, Lambert H. Green and Gaurav Lochan

Serial No.:

10/725,009

Filed:

December 1, 2003

For:

BLUETOOTH PAN DRIVER

Examiner:

Unassigned

Art Unit:

2141

Confirmation No.:

1763

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is/are the following document(s):

[X] Revocation and Power of Attorney

[X] Statement Under 37 CFR 3.73(b)

[X] Change Of Attorney Docket Number And Change Of Correspondence Address

[X] Return Post Card

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (617) 646-8000, Boston, Massachusetts.

No check is enclosed. If it is determined that a fee is necessary, the fee may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this document is being placed in the United States mail with first-class postage attached, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 27, 2005.

Attorney Docket No.: M1103.70233US00

Respectfully submitted,

Siamak Poursabahian et al., Applicant

James H. Morris

Reg. No. 34,681

WOLF, GREENFIELD & SACKS, P.C.

600 Atlantic Avenue

Boston, Massachusetts 02210

Tel. (617) 646-8000

THE THOEMARY JUL 2 9 2005

BEST AVAILABLE COPY

PTO/36/80 (11-04)

Approved for use through 11/30/2005. OMB 065 \$0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no parsons are required to respond to a collection of information unless it displays a valid OMB control number.

Name David Bartley Container Telephone	POWE	R OF ATTORNEY	TO PROSE	CUTE A	PPLI	CATIONS BEFO	DRE THE USPTO		
Practitioner(s) named below (a more than ten patent practitioners are to be named, then a customer number must be used): Practitioner(s) named below (a more than ten patent practitioners are to be named, then a customer number must be used): Name	I hereby revol 37 CFR 3.73(ke all previous powers (b).	s of attorney give	en in the a	pplicat	ion identifiéd in the	altached statement under		
Practitioner(s) named below (a more than ten patent practitioners are to be named, then a customer number must be used): Practitioner(s) named below (a more than ten patent practitioners are to be named, then a customer number must be used): Name	I hereby appoin	nt:							
Name Registration Number Number Registration Number Number Registration Number Number Statement of the	X Practitioner	Practitioners associated with the Customer Number: 45840							
Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, Way 98052 A copy of this form, sogether with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this firm is second in this firm is second in the historior application in which this firm is second on the statement under 37 CFR 3.73(b) to: Microsoft Corporation One Microsoft Way Redmond, Way 98052 A copy of this form, sogether with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this firm is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's application in which this firm is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's application in which this firm is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's application in which this firm is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's application in which this firm is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's application in which this firm is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practicioner's application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practicioner's application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practicioner's application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of Tecond The individual values along the statement under 37 CFR 3.73(b) form provided to act on behalf of the assignee.	Practitione	r(s) named below (if more	than ten patent pr	rectinioners .	are to b	e named, then a custon	Ther number must be used);		
as attorney(s) or agent(a) to represent the undersigned before the United Blates Patant and Trademark Office (USPTO) in connection with any and side patent applications as spread gold to be undersigned according to the USPTO assignment records or assignment documents attached to this form in secondance with 37 CFR 3.73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: A 5840	<u> </u>	Name .	Registration				Registration		
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with customer Number: 45840				E					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/3B/96 or equivalent) is required to be filled to each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is the application in which this form is the application in which this form is the appointed practitioners appointed in this form in the application in which this form is the appointed practitioners appointed in this form is the appointed practitioners appointed in this form is the spontage of Assignee of Record The individual whose Signature of Assignee of Record The individual whose Signature of Assignee of Record The individual whose Signature and filled below is authorized to act on behalf of the assignee Signature Name David Parties, Spontager Telephone Telephone Telephone Telephone	 			_					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with customer Number: 45840				-					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with customer Number: 45840	 			= 46					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with customer Number: 45840	at atrorney(s) or	nantal in material this		1434					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with customer Number. 45840				saccording i	o iha US	ent and Tracement Office PTO designment records) (USPTO) in connection with a or massignment documents		
The address associated with customer Number: OR Firm or Individual Name Address City Country Telaphone Fax Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/38/96 or equivalent) is required to be filled invesch application in which this form is used. The intermed under 37 CFR 3.73(b) may be completed by one of the practitioners appointed is this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application to which this Power of Attorney is to be filled. Signature Signature Date Date Telephone Telephone			•	Ion Identilie	-d in the	emerhed statement u			
Firm or Individual Name Address City Country Telaphone Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/38/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SiGNATURE of Assignee of Record The individual whose agreements and authorized to act on behalf of the assignee. Signature Date V/Sor			rae ser e le lepe		W **		1087 37 CFM 3.73(0),10		
Firm or Individual Name Address City Country Telaphone Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SiGNATURE of Assignee of Record The individual whose agreement and authorized to act on behalf of the assignee. Signature Date V/S/ON Telephone	The address	essociated with custom	or Number		45	584N			
Individual Name Address City Country Telaphone Fax Assignee Name and Addrese: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, sogether with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application ip which this Power of Attorney is to be filled. Signature Signature Date David Bartley applicator Telephone Telephone		Manager William	al identificit		~ T ~	JUTU			
City Country Telaphone Fax Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled invesch application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application to which this Power of Attorney is to be filled. SiGNATURE of Assignee of Record The individual whose signature signature signature. Date 15 CS Name David Bartley Sportaguer Telephone	•			_					
Country Telaphone Fax Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/38/98 or equivalent) is required to be filled invesch application in which this form it the applicationers appointed in this form if the applicationers is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SiGNATURE of Assignee of Record The individual whose signature applied below is authorized to act on behalf of the assignee. Signature Date V 5 01 Telephone		16		-			·		
Country Telaphone Fax Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/38/98 or equivalent) is required to be filled invesch application in which this form it the applicationers appointed in this form if the applicationers is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SiGNATURE of Assignee of Record The individual whose signature applied below is authorized to act on behalf of the assignee. Signature Date V 5 01 Telephone	City								
Telaphone Fax Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled to each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature Signature Date 4/5/07 Name David Bartley Experiment Telephone				Slale		<u></u>	21p		
Assignee Name and Address: Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed invesch application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application to which this Power of Attorney is to be filed. Signature Signature Date 4/5/03 Name David Bartley Epigature Telephone	Country								
Microsoft Corporation One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed invesch application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application to which this Power of Attorney is to be filed. Signature Signature Date 4/5/03 Name David Bartley Epoplatuer Telephone	Telephone			 -		Fax			
One Microsoft Way Redmond, WA 98052 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/38/98 or equivalent) is required to be filed invence application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 4/5/03 Name David Bartley Epigatuer Telephone	Assignee Name s	ind Address:			 +				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature Signature Date Date Date Date Telephone)			
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature Signature Date Dat			Redmo	ond, WA	98052				
Signature Signature of Assignee of Record The individual whose signature and fille is supplied below is authorized to act on behalf of the assignee Date 4/5/05 Name David Bartley Container Telephone	the practitions	re appointed in this for	no if the ennotate	re stateme	nt unde	or 37 CFR 3.73(b) may			
Signature David Bartley Container Telephone			SIGNATURE	of Assign	- Of E				
Name David Partiey Commander Telephone	Signature	1 DValle	WI	Miles word.	13 001.		1 /		
	Name	David Barriev E	A LINE				·		
	Title					Laiebuoue			

This collection of information is required by 37 OFR-131, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is, to tide (and by the USETO to proceed) an application. Obside application. Obside application by the USETO to proceed an application. Obside application by 35 U.S.C. 122 and 37 CFR. 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, proparing, and estimating the completed application from to the USETO. Three will very depending upon the individual case. Any comments on the amount of this you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrie, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Convolutionar for Patents, P.O. Box 1450, Alexandrie, VA 22313-1450.

If you need assistance in completing the form, call 1 800-PYO-9199 and select option 2

PTO/SB/96 (08-00)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MADE		STATEMEN	NT UNDER 37 CFR 3.73(b)	
Applicant/P	atent Owner:	Microsoft Corporati	on	
Application	No./Patent No.:	10/725,099	Filed/Issue Date:	December 1, 2003
Entitled:	Bluetooth Pan Driver			
Mi (Name of Assign	icrosoft Corporation	, a	Corporation (Type of Assignee, e.g., corporation, pa	rtnership, university, government agency, etc.)
states that it	t is:			
1. [X] the a	assignee of the entire r	ight, title, and interest,	or	
		entire right, title and i of its ownership inter		
in the paten	t application/patent id	entified above by virtu	e of either:	
				fied above. The assignment was recorded, or for which a copy thereof is attached.
OR				
	n below:			lentified above, to the current assignee as
1.			_To:	nark Office at Reel
2.			To:	nark Office at Reel
3.	The document v	was recorded in the Un	To:	nark Office at Reel
[]	Additional docu	ments in the chain of	title are listed on a supplemer	ntal sheet.
	OTE: A separate cop be submitted to Ass	y (i.e., the original assi	ccordance with 37 CFR Part 3	opy of the original document) must 3, if the assignment is to be recorded
The undersi	igned (whose title is su	applied below) is author	orized to act on behalf of the	assignee.
	Times	•		7127105
	Signatu	re		Date
	James H. M Printed or Typ	1orris ed Name		(617) 646-8000 Telephone Number
	Ager Title	nt		

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



ATTORNEY DOCKET NO.: M1103.70233US00

(formerly 224112)

CLIENT REFERENCE NO.: 305518.01

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Siamak Poursabahian, Vivek Bhanu, Edwin A. Hernandez-Mondragon, Arun

Ayyagari, John W. Archer, Lambert H. Green and Gaurav Lochan

Serial No.:

10/725,009

Filed:

December 1, 2003

For:

BLUETOOTH PAN DRIVER

Examiner:

Unassigned

Art Unit:

2141

Confirmation No.:

1763

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CHANGE OF ATTORNEY DOCKET NUMBER AND CHANGE OF CORRESPONDENCE ADDRESS

Sir/Madam:

Please change the attorney docket number and the correspondence address in the above-identified patent application. The attorney docket number should read **M1103.70233US00.** All future correspondence should be directed to the address associated with customer number:

45840

Your attention to this matter is greatly appreciated.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this document is being placed in the United States mail with first-class postage attached, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 27, 2005.

Attorney Docket No.: M1103.70233US00

Respectfully submitted,

Siamak Poursabahian et al., Applicant

James H. Morris

Reg. No. 34,681

WOLF, GREENFIELD & SACKS, P.C.

600 Atlantic Avenue

Boston, Massachusetts 02210

Tel. (617) 646-8000